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ABSTRACT

Certification and personnel preparation programs have not kept pace with the increasing knowledge base related to early intervention with special needs children. The current Early Childhood Special Education Approval for professional certification in Illinois is a set of four courses attached to either of two teaching certificates. The Illinois Division for Early Childhood of the Council for Exceptional Children, the Higher Education Commission on Early Childhood of the Illinois Association for the Education of Young Children, and the Illinois Association for Supervision and Curriculum Development cite factors which have brought about the need for more adequate and specific training: (1) new knowledge in early childhood special education, (2) a broader range of identified handicapping conditions and a broader range of severity levels, and (3) the requirement that teachers work effectively with families and that they coordinate an array of interdisciplinary services. The organizations cited above recommend that the Early Childhood Special Education Approval requirements be expanded. They also recommend specialized approvals for developmental educators (serving the birth through 2 age levels) and early childhood special education teachers employed in public school systems (serving 3 through 6-year-old children). Recommended content requirements for these approvals involve both coursework and practica. (JDD)

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Professional Certification in Early Childhood Special Education

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PROFESSIONAL CERTIFICATION IN EARLY CHILDHOOD SPECIAL EDUCATION

Jeannette McCollum

Statement of Need

The current Early Childhood Special Education Approval is a set of four courses attached to either of two Illinois teaching certificates. Persons holding either the Type 02 (Early Childhood Education) or Type 10 (Special Education, K-12) may become approved for Early Childhood Special Education by taking the same four courses.

The current approval in practice assumes a similar background in professionals holding very different certificates. This current approval needs to be revised to reflect what is known about young children with special needs and their families, about ideal program practices and about effective personnel preparation.

Rationale

Concern for the quality of preparation of teachers of young children with special needs is shared by all professionals in the State of Illinois who are interested in young children. This concern is strongly felt by the Illinois Division for Early Childhood (IDEC) of the Council for Exceptional Children, by the Higher Education Commission on Early Childhood of the Illinois Association for the Education of Young Children (IL-AEYC), by the Illinois Association for Supervision and Curriculum Development (IASCD), and by all Illinois institutions of higher education with entitled programs in Early Childhood Education and/or Special Education.

In the early 1970s, Illinois took a leadership role in Early Childhood Special Education, becoming one of the first states in the nation to mandate public school services for 3-6 year olds with handicaps. Personnel certification requirements adopted to meet the resulting need for qualified personnel were designed both to reflect what was then known about best practice, and to meet an immediate need

to quickly certify a large number of teachers.

Under these requirements, which are still in effect, the teacher must (a) hold a valid teaching license either in Special Education (Type 10) or in Early Childhood Education (Type 02), and (b) obtain college credit for four additional courses: Survey of Exceptional Children; the Development of Language in Young Children; Early Childhood Assessment; and Elementary School Curriculum and Organization or Early Childhood Curriculum and Organization. While certification requirements have not changed, the field of early intervention during the intervening period has amassed a knowledge and skill base reflecting vastly increased research in the early development of typical and atypical infants and young children, in family functioning and its relationship to early development, and in procedures which facilitate early development and learning. As a result of heavy federal funding of demonstration programs for the birth-6 age range throughout this same period, much knowledge of the components of quality programs in early intervention also has been gained.

While new developments in early childhood and in special education have been reflected in their respective fields of study, the changes in early childhood special education have not been similarly integrated into the content for the Approval in question. Since the new knowledge in early childhood special education (ECSE) transcends both early childhood and special education as separate fields, it is critical that the ECSE Approval be reviewed and modified to reflect what is now known in this emerging field.

A second major change during this intervening period reflects differences in the populations of children being served in early intervention programs. Better screening and better medical technology have identified a broader range of handicapping conditions in children

for whom teachers are responsible, as well as a broader range of severity levels at both ends of the continuum. Moreover, early childhood special educators increasingly are being employed to serve children from birth-2 years of age, as well as those from 3-6. The roles of early childhood special educators therefore increasingly reflect the need to work effectively with families, and to coordinate services across an array of medical, therapeutic and social services professionals, both within and outside of their own settings.

The preparation of these professionals has become an issue at the national level (Bricker & Slentz, in press; Guidelines, 1984; Statement, 1986; Training, 1985), as well as within the state (HEAC, 1985; Early Intervention State Plan, August 1986), and has been highlighted by the recent passage in October, 1986 of Public Law 99-457 (Amendments to P.L. 94-142, the Education for the Handicapped Act). Certification and personnel preparation programs have not kept pace with the increasing knowledge base related to early intervention with children with special needs (Bricker & Slentz, in press). The now substantial and rapidly expanding knowledge base in this area indicates that "young" and "special" cannot simply be added together to obtain the qualified early interventionist. Rather, handicaps and early development interact with and influence one another in complex ways. Moreover, this interaction is imbedded within the context of the family of which the child is a part. The unique knowledge needed by professionals in this field is defined by the nature of these interactions and the ways in which intervention can influence their outcomes. A course which simply focuses on the survey and identification of exceptionalities does not address the need for preparation of professionals who must understand atypical as well as typical development.

Few states currently require specialized certification in this area;

those which do usually consider it to be either a downward extension of special education or a horizontal extension of early childhood education. This has put personnel preparation programs in the position of having to compromise between certification requirements and what specialists agree are the crucial roles of these early interventionists (Bricker & Slentz, in press). A recent study of teachers of 3-6 year olds with special needs in Illinois clearly illustrates these problems (McCollum & Lartz, 1986). Most Early Childhood Special Education teachers later add the four required Approval courses to already existing certificates; only 48% obtain these as part of a cohesive degree program. Most (51%) have had no supervised practice with young handicapped children as part of their preservice training, and only 43% have had any direct contact with families in their training programs. Recent studies by Hutinger et. al. (1985) and McCollum (1986) indicate that inadequate preparation is even more widespread among personnel in birth-2 programs.

For children with special needs and their families, the current certification structure in early intervention, and the resulting structure of personnel preparation programs, mean that professionals who serve them may have limited special expertise for meeting their unique needs. Interventionists practicing in the field have acquired expertise through on the job experience and in-service teaching. There is a need to begin incorporating these experiences at the pre-service level, as well as to offer continuing professional education to those already in the field. (Early Intervention Plan Survey Results, 1986).

Recommendations

IDEC, IL-AEYC and IASCD recommend that the current Approval process be strengthened and modified by (a) expanding the Early Childhood Special Education Approval requirements, and (b) providing specialized approvals for the birth-2 and 3-6 year old levels within the birth-6

age range. At the 3-6 age level, the focus of our recommendations is the early childhood special education teacher employed in the public school system. At the birth-2 age level, our recommendations pertain to professionals who assume the role of developmental educator. These approvals would be available to teachers holding the Type 10 (Special Education) or Type 02 (Early Childhood Education) certificates.

Under this revised Approval, institutions of higher education would carry increased responsibility for the preparation of ECSE professionals through the practica required. These practica and the course work leading to them would strengthen the preparation of teachers and the developmental specialists who would be familiar with both the current practice and the new knowledge in the field.

Recommended content requirements for these approvals are outlined in Tables 1 and 2. These recommendations are in accord with current literature and with the current thinking of professionals concerned with the quality of early intervention with young children with special needs.

Conclusion

Excellence in education is a high priority goal in Illinois. For the population in question, this goal encompasses early identification and intervention directed toward the prevention of unnecessary primary and secondary handicaps. It is the position of IDEC, IL-AEYC, IASCD, and Illinois institutions of higher education with entitled teacher preparation programs in Early Childhood Education and/or Special Education that early educators prepared under the Approval recommended here will be more adequately and specifically trained to provide a head start to young children with special needs and their families, with long term human and economic benefits to the State of Illinois.

TABLE 1

Recommended Requirements for Endorsement
in Early Childhood Special Education (Ages 3-6)

The following content areas have been identified as a basis for course development:

*Development of the young child, including typical and atypical development

*Development of language in young children

*Assessment of infants and young children with special needs

*Curriculum and instructional alternatives, including play, for young children who demonstrate typical and atypical patterns of development

*Families of young children with special needs

*Supervised practicum with young children (ages 3-6) who demonstrate typical and atypical patterns of development (150-200 clock hours of clinical experience)

Note: Attention to professional collaboration and teaming must be documented within the coursework listed.

TABLE 2

Recommended Requirements for Approval
in Early Childhood Special Education (Ages 0-2)

The following content areas have been identified as a basis for course development:

*Development of the young child, including typical and atypical development

*Assessment of infants and young children with special needs

*Intervention with infants and toddlers demonstrating typical and atypical patterns of development

*Professional collaboration and teaming

*Families of young children with special needs

*Supervised practicum with infants and toddlers (0-2) who demonstrate typical and atypical patterns of development (150-200 clock hours of clinical experience)

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